Please type a plus sign (+) inside this box -> .	
	PTO/SB/01 (10-00)
	Approved for use through 10/31/2002. OMB 0651-0032
	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN	Attorney Docket Numb	PB40001		
	First Named Inventor	Bleckley		
	 PLICATION	COMPLETE IF KNOWN		
	R 1.63)	Application Number		
Declaration Submitted With Initial Filing  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date			
	Group Art Unit			
	Examiner Name			

As a below named inventor, I he	reby declare that:			
My residence, mailing address, an	d citizenship are as stat	ed below next to my nan	ne.	
I believe I am the original, first and names are listed below) of the sub	l sole inventor (if only or oject matter which is clai	ne name is listed below) oned and for which a pate	or an original, first ent is sought on t	and joint inventor (if plural ne invention entitled:
Ergonomic Motion and	Athletic Activity Mo	onitoring and Trainin	g System and	Method
	(7	itle of the Invention)		
the specification of which				
is attached hereto OR		as I Inited St	ates Annlication N	lumber or PCT International
was filed on (MM/DD/YYYY)		do O, med O		
Application Number	and was a	mended on (MM/DD/YY	m	(if applicable).
I hereby state that I have reviewe amended by any amendment spe	d and understand the α	ontents of the above iden	•	n, including the claims, as
I acknowledge the duty to disclosin-part applications, material infor PCT international filing date of the	mation which became a	vailable between the filin	defined in 37 CF g date of the prior	R 1.56, including for continuation- r application and the national or
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	international application also identified below	which designated at lea by checking the box, a	ast one country of nv foreign applic	ther than the United States of atton for patent or inventor's
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			0000	0000
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.				
Application Number(s)		e (MM/DD/YYYY)	Additional numbers supplem	al provisional application are listed on a ental priority data sheet 02B attached hereto.

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

TOTAL TELL TOTALE

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	ustomer Nur Bar Code L				OR 🛛	Correspondence address below
Name Philip H. Burrus, IV						
Address 4653 Arrowhead Trail						
Address						
<b>City</b> Lilburn				State	Georgia	30047 <b>ZIP</b>
United States Country		Telephoi	404-79 ne	1-9874		Fax
I hereby declare that all statements made are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	t these state nment, or bo	ments we th, under	ere made w	im me k	nowledge that will	iui iaise statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:			A peti	tion has been f	led for this unsigned inventor
Given Name Delmar (first and middle [if any])				Family or Sur		ley
Inventor's Signature Duman Bluff	Inventor's 2 28.02					
Residence: City Lilburn			Georg State	ia	United Stat Country	es United States Citizenship
Mailing Address 1885 Lake Lucerne Way						
Mailing Address						
City Lilburn	Ge State	eorgia		ZIP	0047	United States Country
NAME OF SECOND INVENTOR	•			A pet	ition has been f	iled for this unsigned inventor
Given Name George (first and middle [if any])				Family or Sui	Name Keln	nofer
Inventor's Lever Mil	hole	ر ر				2/28/2007_ Date
Residence: City Duluth			Georg State	iia	United State Country	S United States Citizenship
Mailing Address 280 Brietbrumm	Chase					
Mailing Address						
City Duluth	State Geo	orgia		ZIP	30155	United States
Additional inventors are being named	<u> </u>	supplem	nental Additi		entor(s) sheet(s) P	TO/SB/02A attached hereto.

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1\_\_ of 1\_

Name of Additional Joint Inventor, if a	ny:		A petition has been file	ed for t	his unsigned inventor
Given Name (first and middle [if any])			Family Nar	ne or S	Surname
Oswald		Dr	awdy - DEAV	Not	
Inventor's Signature Swald Drawd	lyj	•			2/28/01 Date
Atlanta Residence: City	Georgia State		United States Country		United States Citizenship
Mailing Address P. O. Box 85					
Mailing Address					
City Hampton	South Ca State	arolina		Count	United States ry
Name of Additional Joint Inventor, if a	ny:		A petition has been file	d for th	is unsigned inventor
Given Name (first and middle [if any	])		Family Na	ne or S	Surname
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
	State		ZIP	Cos	intry
Name of Additional Joint Inventor, if a			A petition has been filed		
Given Name (first and middle [if any]	<u> </u>		Family	Name	or Surname
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
City	State		710		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Bleckley
Title	Ergonomic Motion and Athletic
Group Art Unit	
Examiner Name	
Attorney Docket Number	PB40001

I hereby appoint:			Place Customer
Practitioners at C	Customer Number	<b>_</b>	Place Customer Number Bar Code Label here
Practitioner(s) na	imed below:		
	Name	Registr	ration Number
Philip H. Bu	urrus, IV	45,432	
	Marie Control of the		
as my/our attorney(s) or business in the United S	r agent(s) to prosecute the application i States Patent and Trademark Office co	identified above, nnected therewi	, and to transact all ith.
	espondence address for the above-iden		
☐ The above-mention	ned Customer Number.	. •	
OR	No. of the last of		Place Customer Number Bar Code
Practitioners at Cus  OR	stomer Number		Label here
Firm or			
Individual Name		***	
Address			
Address	1	Chata	7in
Country	1	State	Zip
Country Telephone		Fax	
I am the:	<u> </u>		
X Applicant/Invent	tor.		
	ord of the entire interest. See 37 CFR 3		
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record			
1	- · ·	DIVOUR IN CE.	
Name DE			
Signature (	lmar Blechi	_	
Date 🧻 🔾	18-02		
NOTE: Signatures of all the inver forms if more than one signature	ntors or assignees of record of the entire interest is required, see below*.	t or their representa	ative(s) are required. Submit multiple
	orms are submitted.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bleckley
Title	Ergonomic Motion and Athletic
Group Art Unit	
Examiner Name	
Attorney Docket Number	PB40001

I hereby appoint:	Diago Outlines	
Practitioners at Customer Number	Place Customer Number Bar Code Label here	
OR  Practitioner(s) named below:	Label Hele	
Name	Registration Number	
Philip H. Burrus, IV	45,432	
as my/our attorney(s) or agent(s) to prosecute the application in	dentified above, and to transact all	
business in the United States Patent and Trademark Office con		
Please change the correspondence address for the above-ident  The above-mentioned Customer Number.	шей аррисации ю.	
OR	Place Customer	
Practitioners at Customer Number	Number Bar Code Label here	
OR		
Firm or Individual Name		
Address		
Address		
	State Zip	
Country	F	
	Fax	
I am the:  X Applicant/Inventor.		
<u>του</u> Αμβιισατιντίτνετιτοι.		
Assignee of record of the entire interest. See 37 CFR 3.		
Statement under 37 CFR 3.73(b) is enclosed. (Form PT		
SIGNATURE of Applicant or Assign	ee of Record	
Name George Kelnhiter		
Signature George Selvhele		
Date 2/28/2602		
NOTE: Signatures of all the inventors or assignees of record of the entire interest forms if more than one signature is required, see below*.	or their representative(s) are required. Submit multiple	
✓ *Total of 3forms are submitted.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

i#

**POWER OF ATTORNEY OR AUTHORIZATION OF AGENT** 

Application Number	
Filing Date	
First Named Inventor	Bleckley
Title	Ergonomic Motion and Athletic
Group Art Unit	
Examiner Name	
Attorney Docket Number	PB40001

Practitioners at Customer Number    Practitioner(s) named below:	I hereby appoint:		
Name Registration Number  Philip H. Burrus, IV 45,432  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  Please Customer Number.  Pleace Customer Number Ber Code Label here  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Osward Drawdy  Signature Omega Manually  Date 2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  I place Customer Number		Decide See Namber	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number.  OR Firm or Individual Name  Address  Address  City Country Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald  Drawdy  Signature  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
Please change the correspondence address for the above-identified application to:  ☐ The above-mentioned Customer Number.  ☐ Practitioners at Customer Number ☐ Practitioners	Philip H. Burrus, IV	45,432	
Dusiness in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  Practitioners at Customer Number  Practitioners at Customer Number  Number Bar Code Label here  Address  Address  Address  City  Country  Telephone  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
Dusiness in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  Practitioners at Customer Number  Practitioners at Customer Number  Number Bar Code Label here  Address  Address  Address  City  Country  Telephone  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
Please change the correspondence address for the above-identified application to:  ☐ The above-mentioned Customer Number.  ☐ Practitioners at Customer Number ☐ Practitioners			
The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  OSWALD  Signature  Date  Date  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  OSWALD  Signature  Date  Date  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Please change the correspondence address for the above-ident	tified application to:	
Practitioners at Customer Number  OR  Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald  Drawdy  Signature  Date  Date  Date  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	<del></del>		
Firm or Individual Name  Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Oswald Drawdy  Signature Open Drawdy  Signature Open Drawdy  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR		
OR  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96).  SIGNATURE of Applicant or Assignee of Record  Name Oswald Drawdy  Signature Oma Drawdy  Date 2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Practitioners at Customer Number		
Address  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR		
City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Oswald Drawdy  Signature Omwo Drawdy  Date 2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	1 1		
City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Oswald Drawdy  Signature Oswald Drawdy  Signature Oswald Drawdy  NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address		
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address		
Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	City	State Zip	
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Country		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Telephone	Fax	
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Oswald Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	I am the:		
Signature  Date  Date  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	X Applicant/Inventor.		
Signature  Date  Date  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Assignee of record of the entire interest. See 37 CFR 3	71	
Name  Oswald Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
Name  OSWARD Drawdy  Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	SIGNATURE of Applicant or Assign	ee of Record	
Signature  Date  2/28/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Name USWARD Drawdy		
Date $2/28/02$ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
iornis ii rikiie urari one signature is required, see oelow .		or their representative(s) are required. Submit multiple	
☑ *Total of _3 forms are submitted.			